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This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

☐ FEPA  
☒ EEOC

130-2085-0

State or local Agency, if any

and EEOC

NAME (Indicate Mr., Ms., Mrs.) <b>Adwoia Jacobs</b>		HOME TELEPHONE (Include Area Code) <b>334-</b>	
STREET ADDRESS		CITY, STATE AND ZIP CODE <b>Montgomery, Alabama 36116</b>	DATE OF BIRTH
NAME OF THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COMMITTEE STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)			
NAME <b>ELECTRONICS DEA SYSTEMS</b>	NUMBER OF EMPLOYEES, MEMBERS <b>1,000 +</b>	TELEPHONE (Include Area Code) <b>334</b>	
STREET ADDRESS	CITY, STATE AND ZIP CODE <b>Montgomery, Alabama 36104</b>	COUNTY <b>Montgomery</b>	
NAME	TELEPHONE NUMBER (Include Area Code)		COUNTY
STREET ADDRESS	CITY, STATE AND ZIP CODE	COUNTY	
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))		DATE DISCRIMINATION TOOK PLACE EARLIEST LATEST	
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify)		<b>Feb. 10, 05 to date</b> <input checked="" type="checkbox"/> CONTINUING ACTION	

THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):

On February 10, 2005, I was getting on the elevator at my place of work when I felt someone touch my rear end. I looked up and saw that it was Jeff Williams, a co-worker of mine. Once the elevator doors shut, Mr. Williams grabbed me and pulled me close to him. He pressed his body against me and forced me against the wall. I said "hey, get off me!". He said "I am cold and I want you to warm me up". He proceeded to take my blouse out of my pants and he began to rub my bare stomach. He began rubbing my breasts and then he began putting his hand in my pants. He laid his head on my shoulder and told me it felt good. The elevator came to a stop and he got off on the 6th floor. I was flabbergasted.

I have had to go to the Doctor as a result of this incident. I injured my shoulder when I tried to push him off of me. I am also seeing a Counselor because of the problems that I am having dealing with this.

I feel that I have been discriminated against in violation of the Civil Rights Act of 1964, specifically Title VII, 42 U.S.C. sections 2000e et seq. I am also alleging State claims of Assault, battery, wantonness, negligent hiring, training and supervision, invasion of privacy, and outrage.

DEFENDANT'S  
EXHIBIT

8 Jacobs

<input checked="" type="checkbox"/> I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the foregoing is true and correct. <i>Adwoia Jacobs</i>	NOTARY (When necessary for State and Local Requirements) I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year) <b>3/8/05</b>
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Date **3-8-05**  
EEOC FORM 5 (Rev. 06/92)

Charging Party (Signature)

JACOBS00112